PHILIP MORRIS U.S.A.

Substitute Form W-9

RETAILER: Please sign, date, and return this form with your signed display agreement in the postage paid envelope provided.

IF YOU HAVE ANY QUESTIONS ON HOW TO FILL OUT THIS FORM, PLEASE CALL BONNIE TOWNLEY in our Richmond, VA office at (804) 274-7436.

Information below should be completed by the Retailer.

In order for Philip Morris U.S.A. to update our tax information, please complete the following form and return it to us. Please indicate your federal tax status with a check mark in the appropriate space.

Tax Entity: Individual ____ , Corporation, _____, Trust or Estate, ____, Partnership, ____

If you checked "Individual", provide your SSN and surname, first name. For all other tax entities, provide your EIN and corporation, trust, estate or partnership name. In either situation, please provide us with the address you want tax information mailed.

Social Security No. (SSN): _____ Employer ID No. (EIN): _____

Owner's Name: _____ Entity Name: _____

Mailing Address: _____

_____

_____

_____

Contact Person: _____ Telephone ( ) _____

Certification -- Under penalties of perjury, I certify that:

(1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and

(2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding (does not apply to real estate transactions, mortgage interest paid, the acquisition or abandonment of secured property; contributions to an individual retirement arrangement (IRA), and payments other than interest and dividends).

Certification instructions: -- You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.

Retailer
Please Sign Here

Signature: _____ Date: _____

Title: _____

To be completed by PM Sales Representative.

Space I.D.: _____

Territory #: _____

POS# 72885

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Source: https://www.industrydocuments.ucsf.edu/docs/jngy0003

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